## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 8, 1996

ALL COUNTY INFORMATION NOTICE NO.

I-25-96

TO: ALL COUNTY WELFARE DIRECTORS

	REASON FOR TRANSMITTAL
[]	State Law Change
[ ]	Federal Law Change
[X]	Court Order or Settlement
	Agreement
	Clarification Requested by
	One or More Counties
[X]	Initiated by CDSS

SUBJECT:

REVISED FOOD STAMP FORM DFA 377.7D (11/95), "FOOD STAMP

REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY"

REFERENCE: ALL COUNTY LETTER NO. 95-48

This notice transmits a revised version of the DFA 377.7D Food Stamp Repayment Notice for Administrative Errors Only. All overissuance notices for the Food Stamp Program were revised in June 1995 to include verbatim language from the <u>Anderson v. McMahon</u> court case. You were advised of this change in All County Letter No 95-48.

When the changes to include the correct warning information were made, a phrase was inadvertently left off the DFA 377.7D which advises recipients that the county can lower their food stamps to collect the overissuance, "unless it was the county's fault." This omission was brought to our attention and the form was revised with a revision date of 11/95.

The purpose of this letter is to advise counties to destroy revisions prior to the 11/95 date and use only that revision of the DFA 377.7D. The warehouse is currently stocking only the 11/95 revisions. Forms can be ordered once the warehouse reopens on May 20, 1996, through the normal ordering process.

If you have any questions or comments regarding this letter, please contact Melissa Buchanan of the Food Stamp Program Bureau at (916) 654-8467 or CALNET 464-8467.

Sincerely,

**BRUCE WAGSTAFF** 

Bruce Wagsty

Deputy Director

Welfare Programs Division

Attachment

FOR ADMINISTRATIVE ERRORS ONLY
(ADDRESSEE)
The County Welfare Department made a mistake.  Too many Food Stamps were issued to you.
Here's why:
You must repay the extra Food Stamps.  \$ in extra Food Stamps were issued for the period  This amount was reduced by  \$ because we owed the household benefits from past months or we received repayment of part of the amount
You do not have to use any Social Security or SSI benefits you get to repay this overissuance.
Rules: These rules apply. You may review them at your welfare office: MS 63-801.22

Notice Date Nos. Case Name Number Number Address Questions? Ask your Worker.

> State Hearing: If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Warning: If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance unless it was the county's fault. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund.

## YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed,
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E).
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- ☐ If you do not sign and return the agreement within 30 days after the date of this notice, we cannot reduce the amount of Food Stamps you get.

#### However:

- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

#### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

#### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:

1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

#### Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I, Code Section 10950).

# HOW TO ASK R A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

#### **HEARING REQUEST**

I want a hearing because of an action by the Welfare Departmen
of County about my
☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care
Other (list)
Here's why:
***************************************
☐ Check here and add a page if you need more space.
☐ I want the person named below to represent me at this hearing I give my permission for this person to see my records or come to the hearing for me.
NAME
ADDRESS
I need a free interpreter.  My language or dialect is:
My name:
Address:
Phone:
My case number:
My signature:
Date: